

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2009**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)

Docket Number (Optional)

SHO-0043

Application Number 10/697,027-Conf. #1099

Filed October 31, 2003

For GAMING MACHINE

Art Unit 3714

Examiner R. Hsu

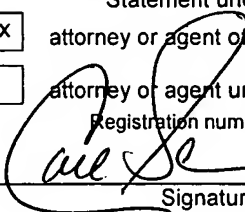
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 490.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 29,211☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34



Signature

July 22, 2009

Date

Carl Schaukowitch

Typed or printed name

(202) 955-3750

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 form is submitted.

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_____ Signature		_____ Date	
_____ Carl Schaukowitch Typed or printed name		_____ (202) 955-3750 Telephone Number	
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